## L21000523927

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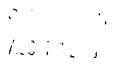
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		COVER LETTER			
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TO: Registration Se Division of Cor		•	*		
	ERPRISES, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARIA STONEY				
		Name of Person			
	ARTISAN FINANCIAL S	ERVICES, INC			
	-	Firm/Company	·		
	3903 NORTHDALE BLV	D. SUITE 100E			
		Address			
	TAMPA, Fl. 33624				
		City/State and Zip Code	<u> </u>		
	MARIA.STONEY@AOL.C	COM to be used for future annual report notif	· · · · · · · · · · · · · · · · · · ·		
			reation)		
For further information c	oncerning this matter, please c	all:			
MARIA STONEY		404 295-3395 at ( )			
Name o	f Person		: Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration S		<del>-</del>	Registration Section Division of Corporations		
Division of C P.O. Box 632		The Centre of T	•		
Tallahassee,			Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AXH ENTERPRISES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{12-13-2021}{1}$ \_\_\_\_ and assigned Florida document number 1.21000523927 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_ City

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ÆSUS RODRIGUEZ	3011 NW 75TH AVE	<b>\equiv Add</b>
		MIAMI, FL 33122	Remove
			☐ Change
			□Add
			Remove
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			□Add
			□Remove
			Change
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ANTHONY HERNANDEZ	record specifies a delayed effect d is filed.  Dated HUNE 30.	20	7 K	_·			
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